



Division of  
**TennCare**

Health Care  
Innovation Initiative



# **Executive Summary**

Syncope Work-up Episode

Corresponds with DBR and Configuration file V3.0

*Updated: January 2, 2020*

## **OVERVIEW OF A SYNCOPED WORK-UP EPISODE**

The syncope work-up episode revolves around patients who are being worked up for syncope. The trigger event is an office, outpatient facility, or emergency department (ED) visit for syncope. All related care – such as imaging and testing, surgical and medical procedures, and medications – is included in the episode. The quarterback, also called the principal accountable provider or PAP, is the clinician or group who diagnoses the syncope. The syncope work-up episode begins on the day of the triggering visit and ends 30 days after the end of the trigger event.

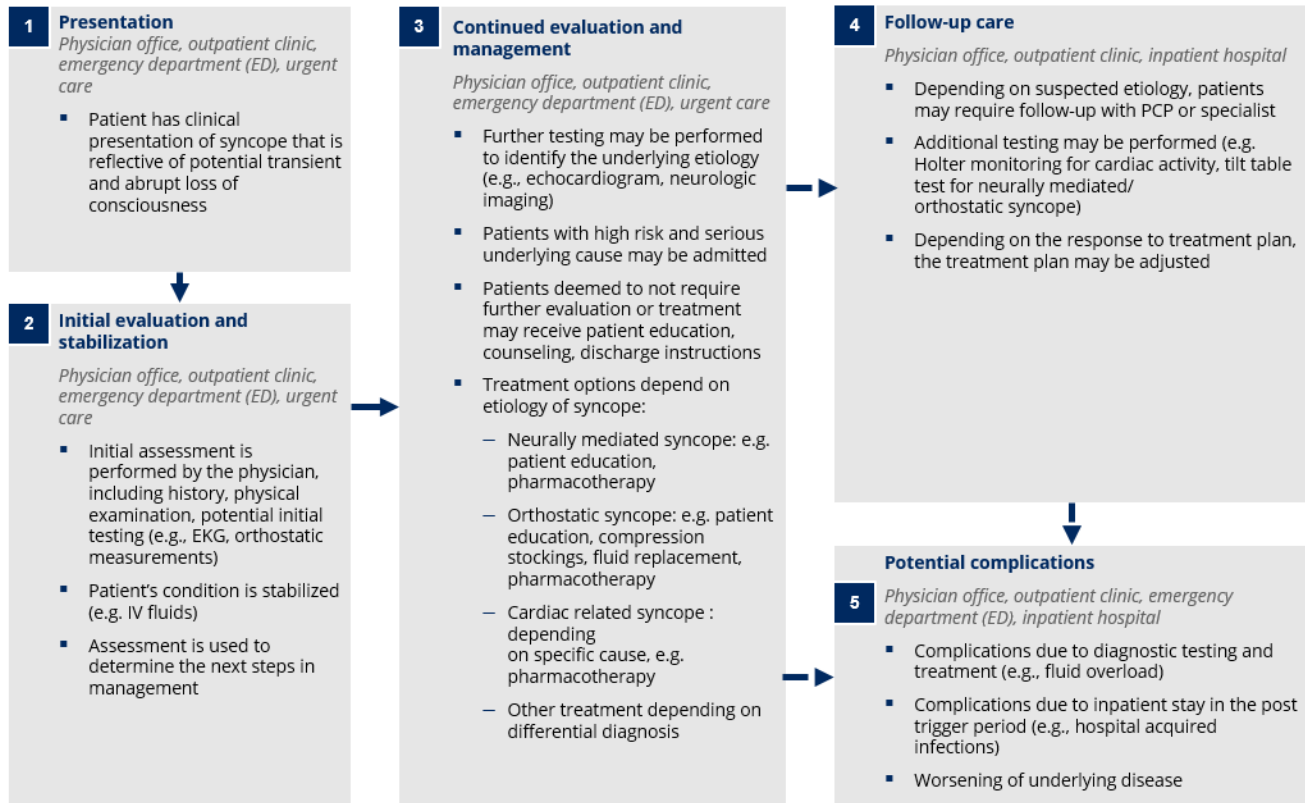
## **CAPTURING SOURCES OF VALUE**

Providers have multiple opportunities during a syncope work-up episode to improve the quality and cost of care. Important sources of value include ensuring appropriate triage of patients to low versus high acuity care settings, determining differential diagnoses, and ensuring the appropriate use of laboratory testing and imaging. Other important sources of value include providing appropriate treatment to address underlying causes and counselling patients to prevent repeat events.

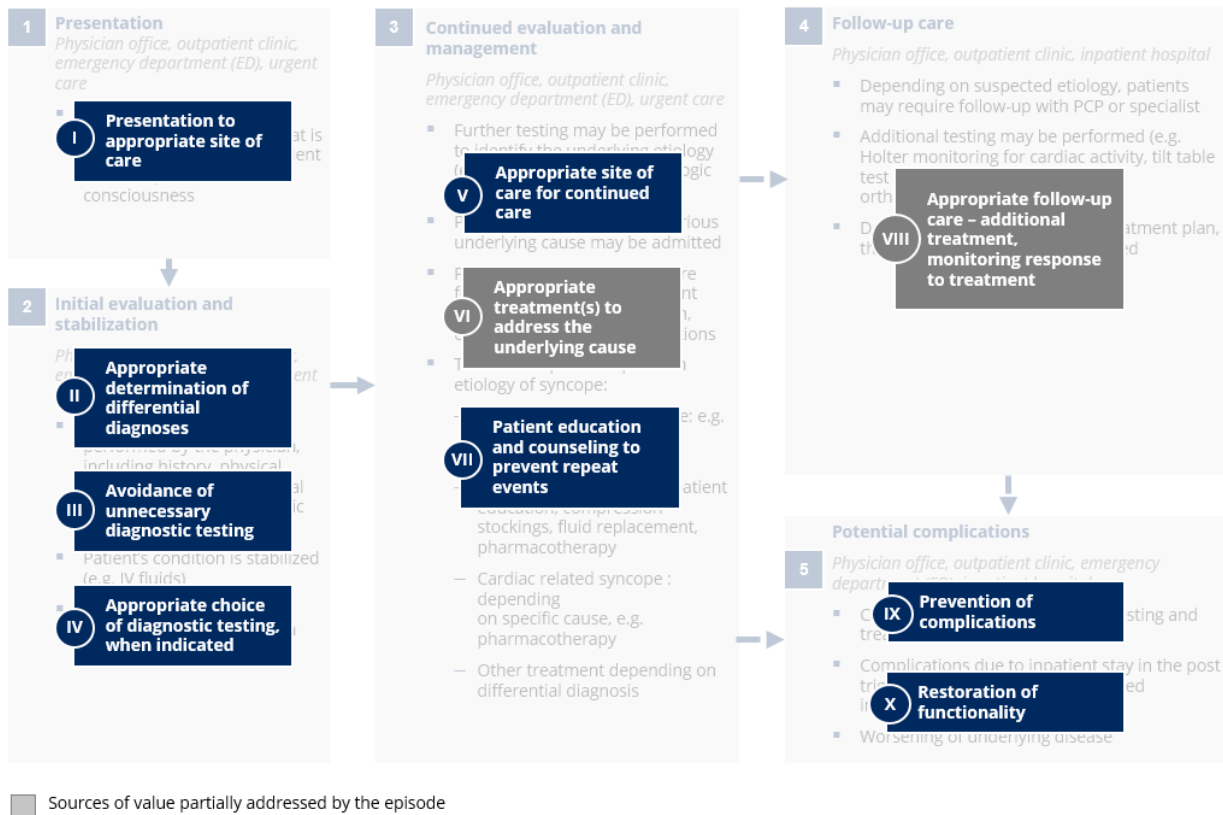
To learn more about the episode's design, please reference the Detailed Business Requirements (DBR) and Configuration File on our website at <https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care/searchable-episodes-table.html>.

## Illustrative Patient Journey

- All episodes  
 - - - - - May not be experienced by all patients



## Potential Sources of Value



## ASSIGNING ACCOUNTABILITY

The quarterback of the episode is the specific health care provider deemed to have the greatest accountability for the quality and cost of care for the patient. To state it differently, the quarterback is the provider who has the greatest ability to influence all of the health care delivered in a given episode. For the syncope work-up episode, the quarterback is the clinician or group that diagnosed the syncope. The contracting entity or tax identification number of the clinician or group that diagnosed the syncope will be used to identify the quarterback.

## MAKING FAIR COMPARISONS

The episode model is designed to be fair to providers and incentivize best practices without penalizing providers who care for sicker patients. As such, important aspects of the model are:

- Inclusion of only the cost of services and medications that are related to the syncope in calculation of episode spend.
- Exclusion of episodes when clinical circumstances create the likelihood that the case will deviate substantially from the typical care path or when claims data is likely to be incomplete.
- Risk adjusting episode spend to account for the cost of more complicated patients.

The syncope work-up episode has no pre-trigger window. During the trigger and post-trigger windows, care for specific diagnoses, specific imaging and testing, specific medications, and specific surgical and medical procedures are included.

Some exclusions apply to any type of episode, i.e., are not specific to a syncope work-up episode. For example, an episode would be excluded if more than one payer was involved in a single episode of care, if the patient was not continuously insured by the payer during the duration of the episode, or if the patient had a discharge status of 'left against medical advice'. Examples of exclusion criteria specific to the syncope work-up episode include patients receiving treatment in inpatient settings during the trigger window or patients with active cancer management, sepsis, or end-stage renal disease. These patients have significantly different clinical courses that the episode does not attempt to risk adjust. Furthermore, there may be some factors with a low prevalence or significance that would make accurate risk adjustment difficult and may be used to exclude patients completely instead of adjusting their costs.

For the purposes of determining a quarterback's cost of each episode of care, the actual reimbursement for the episode will be adjusted to reflect risk factors captured in recent claims data in order to be fair to providers caring for more complicated patients. Examples of patient factors likely to be included in risk adjustment of a syncope work-up episode include heart block, cardiac murmur, anxiety, and depression. Over time, a payer may adjust risk factors based on new data.

## **MEASURING QUALITY**

The episode reimbursement model is designed to reward providers who deliver cost effective care AND who meet certain quality thresholds. A quarterback must

meet or exceed all established benchmarks for any quality metric tied to gain sharing in order to be eligible to receive monetary rewards from the episode model. Other quality metrics may be tracked and reported for quality improvement purposes but may not be tied directly to gain sharing.

The quality metrics linked to gain sharing for the syncope work-up episode are:

- **Carotid ultrasound imaging in adults:** Percentage of valid episodes for patients older than 17 with carotid ultrasound imaging during the episode window (lower rate indicative of better performance)

The quality metrics that will be tracked and reported to providers but that are not tied to gain sharing are:

- **Related admission during the post-trigger window:** Percentage of valid episodes with hospitalizations during the post-trigger window (lower rate indicative of better performance)
- **Admission during the trigger window:** Percentage of valid episodes with hospitalizations during the trigger window (lower rate indicative of better performance)
- **Related ED visit:** Percentage of valid episodes with relevant ED visits during the post-trigger window (lower rate indicative of better performance)
- **Related follow-up care:** Percentage of valid episodes with relevant follow-up care during the post-trigger window (rate not indicative of performance)
- **EKG:** Percentage of valid episodes with EKG during the trigger window (higher rate indicative of better performance)
- **Head or neck CT or brain MRI imaging in adults:** Percentage of valid episodes for patients older than 17 with head or neck CT or brain MRI during the episode window (lower rate indicative of better performance)
- **Echocardiogram:** Percentage of valid episodes with echocardiogram during the episode window (lower rate indicative of better performance)

It is important to note that quality metrics are calculated by each payer on a per quarterback basis across all of a quarterback's episodes covered by that payer.

Failure to meet all quality benchmarks tied to gain sharing will render a quarterback ineligible for gain sharing with that payer for the performance period under review.